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Before you start....

Please read this important NEW message from the IHS National Diabetes Program

Dear Grantee,

We are now entering our 6th year of the Special Diabetes Program for Indians! As you are well aware, diabetes continues to be an epidemic in many American Indian and Alaska Native (AI/AN) communities. To address this epidemic, Congress has appropriated \$100 million per year through the Consolidated Appropriations Act of 2001 to Indian health programs for the treatment and prevention of diabetes. With this funding, Congress has provided us a rare opportunity to make a dramatic difference for those with diabetes and for those at risk for the disease in our communities.

One Common Goal

With these diabetes appropriations, tribal communities across the country have been working for the past 5 years on many different types of diabetes programs that range from diabetes prevention among youth to supporting dialysis programs. While there is a wide range of diabetes projects throughout our programs, we all still have one common goal:

To extend the diabetes funds beyond the Year 2003.

To accomplish this goal, we must work together and demonstrate to Congress that these diabetes funds have been used efficiently, effectively, and have served to improve the quality of our diabetes care and prevention activities that would otherwise not be possible.

In an effort to demonstrate effective use of funds, the IHS National Diabetes Program proposes that we continue to strengthen our partnership with each of you. This successful collaboration over the past 5 years has resulted in a national diabetes conference, eight regional diabetes conferences, a comprehensive qualitative evaluation of the diabetes grant programs, an interim report to Congress based on information collected from the regional conferences and evaluations and a compendium report of all diabetes grant programs.

Each of us still has an important role in this partnership. As you continue to tell us your goals and objectives, your experiences (both successes and challenges) and share your data - through answering questionnaires and conducting the yearly diabetes audit - our program will continue to compile your data into meaningful information and take your stories to Congress. ***Working together we can convince Congress to continue funding these grant programs.***

Results of Diabetes Prevention Program Released!

Last year we told you about the new results released from the Diabetes Prevention Program (DPP). We explained that the study was ended a year early in July 2001 because the data had clearly answered the main research question. You will recall that the DPP was designed to answer the question "can type 2 diabetes be prevented?" This major clinical trial comparing diet and exercise to treatment with metformin was conducted in 3,234 people with impaired glucose tolerance, now also called **prediabetes**.

In the study, participants assigned to the intensive lifestyle intervention reduced their risk of getting type 2 diabetes by **58 percent!** On average, this group maintained their physical activity at 30 minutes per day, usually with walking or other moderate intensity exercise, and lost 5-7 percent of their body weight. Participants randomized to treatment with metformin reduced their risk of getting type 2 diabetes by **31 percent**.

Many Special Diabetes Program for Indians Grant Programs are already working on primary prevention of diabetes! The DPP provided us the scientific evidence that type 2 diabetes can be prevented or delayed with lifestyle interventions, which justifies using our funds in this way. What does this mean for us as a health care system? It means that

- the work you do and experience you gain through your diabetes grants in identifying high risk people and planning lifestyle interventions to prevent diabetes will become even more important.
- the collective experience and knowledge that we gain through these activities will contribute to the general knowledge pool of diabetes prevention in AI/AN communities and beyond. The data, information and stories that we tell about our experience are important, and others will learn from and build upon them.
- and, as we said last year, last but not least, this means that we can finally offer real hope that type 2 diabetes can be prevented or delayed.

We hope that you will join with our program in continuing to get this message of hope out to all our patients, to their families and communities. As more information becomes available from the DPP, we will post it in our website so please be sure to check it on a regular basis. The address is: www.ihs.gov/medicalprograms/diabetes.

Diabetes Grant Program Application Kit

This booklet serves as the Year 6 Application Kit for the Consolidated Appropriation Act of 2001 diabetes funds. This booklet contains:

- this introductory letter,
- a list of frequently asked questions,
- a community assessment tool on technical assistance/training needs and use of diabetes best practices, which each grantee must fill out and send in with the application. Especially important, if the diabetes funds continue beyond FY 03, grant programs may find this tool useful in preparing to build on current grant activities.
- instructions for writing the grant narrative to apply for the Year 6 grant funds,
- required application forms.

Frequently asked questions on use of grant funds

We have provided some examples of what grant programs can do in a *Question and Answer* section that follows this letter. Some of the examples are new and all are based on actual questions from diabetes grant programs that have come into the IHS National Diabetes Program office.

Technical and Training Needs and Use of Best Practices Assessment Tool

This section of the kit contains the assessment tool we mentioned earlier. Please work through this tool and answer all questions next to a check box to the best of your knowledge. In this year's application, we have only included questions on your needs for technical assistance, diabetes primary prevention activities, diabetes education activities and your program's use of best practice models. A copy of the completed assessment tool should accompany your application when you send it to Grants Management Branch.

Suggested Best Practices

Look through the suggested best practices section for ideas to consider in planning or expanding your program. These best practices are based on the experiences of other Indian health diabetes programs and IHS Model Diabetes Programs, as well as on findings from diabetes scientific research and outcomes studies. The best practice models describe successful diabetes prevention and treatment approaches in AI/AN communities.

Instructions for Writing Grant Narratives

Complete the sections on your grant program work plan, reporting requirements and budgets. Outline your program goals and objectives for all diabetes activities to be funded under this grant program.

We have attempted to make this process easy and clear. If you have any questions, please contact your Area Diabetes Consultant or the IHS National Diabetes Program.

Some concluding thoughts...

The information that you provide in the assessment tool and the application kit will be used to answer questions from Congress and others about these needs within our communities. All the information you share will help us convince Congress to continue funding these grant programs beyond year 2003.

The Indian Health Service (IHS) is required to follow the Department of Health and Human Services Grants Regulations in administering this program. However, this application has been designed to allow your program maximum freedom, flexibility and creativity in your local decision-making and choices.

We have all worked very hard together over the past 5 years to develop quality diabetes treatment and prevention programs through the 1997 Balanced Budget Act ***Special Diabetes Program for Indians and the Consolidated Appropriations Act of 2001***. People with diabetes, their families and our communities are growing healthier every day, due to this collective effort. These new funds will create even greater opportunities for all of us.

By working together, we can demonstrate to Congress the need for permanent diabetes funding. It is our hope that through strengthening and building our partnership, diabetes will be eliminated from American Indian and Alaska Native communities.

Kelly Acton, MD, MPH, FACP
Director, IHS National Diabetes Program

Frequently asked questions on use of grant funds

Q: Some tribal grantees have inquired about whether or not they can receive their grant funds through a lump sum payment.

A: Self-Governance Tribes (tribes who have a 93-638 contract) are the only tribes eligible to receive their grant funds in a lump sum payment. These self-governance tribes may add grant funds to their annual funding agreement. This will allow for an annual lump sum payment and the ability to retain interest that will enhance grant program activities. These tribes must still fill out the application for FY 03 special diabetes funds and apply according to their funding cycle. **For further information on this opportunity, contact: Paula Williams, Director, Office of Tribal Self-Governance, The Reyes Building, 801 Thompson Ave, Suite 240, Rockville, MD 20852, Telephone 301-443-7821**

Q: Can Service Units purchase a temporary modular building?

A: IHS entities serving as grantees are designed to assist tribes with services. If there is a need to purchase a temporary trailer or modular unit, it must be approved through the Area Realty Office, Division of Facilities and Environmental Engineering. IHS entities must comply with Federal policies.

Q: Can grant programs transfer some or all diabetes grant funds to the local IHS facility for services?

A: The answer is **yes**. *Service Units receiving grant funds must submit the Standard Form 424 signed by the Area Director and a copy of the tribal grant budget. See page 46 for more instructions.*

Q: Programs have asked if they can sub-contract with local universities to provide services or expertise to their diabetes program.

A: The answer is **yes**.

Q: Grant programs have asked if they can put some or all of their grant funds into their local IHS clinics to buy medicines or improve the clinical care (such as buy eye glasses and special shoes, buy diabetes supplies, contract for podiatry or nutrition specialists, etc).

A: The answer is **yes**.

Q: Grantees have asked if diabetes grants funds can be used to pay for medications, lab cost and supplies for self-testing for individuals who do not have insurance.

A: The answer is **yes**.

Q: Programs who used their original diabetes funds to start school health, community screening, and primary prevention programs have asked if they could use some of the new funds to expand their clinical activities by starting a new diabetes clinic.

A: The answer is **yes**.

Q: Several programs have asked if grant funds can be used to support dialysis centers and services.

A: The answer is **yes**.

Q: Grantees have asked if they can use some of their unobligated funds to re-focus their direction from clinical services to physical activity programs for children.

A: The answer is **yes**. *Grant programs are not locked into their original objectives. They can choose to develop new activities with their grant funds, as long as they write new objectives and a budget, and then work through their project officer.*

Q: One grant program asked if they could construct a new building to house a wellness center on the reservation with grant funds.

A: The answer is **no**. Grant funds cannot be used for construction. They may, however, be used to renovate an existing structure.

Q: Several programs have asked if grant funds can be used to purchase playground or exercise facility equipment.

A: The answer is **yes**.

Q: Can grantees lease or purchase GSA vehicles?

A: The answer is **yes** if the grantee has a 93-638 contract or is a federal grantee.

Department of Health and Human Services

Indian Health Service

Grant Funds for Special Diabetes Programs for Indians

Agency

Indian Health Service, Department of Health and Human Services (DHHS)

Action

Announcement of Non-Competitive Diabetes grant funds through the Grants for Special Diabetes Programs for Indians.

Summary

The Office of Public Health, Indian Health Service (IHS), announces the availability of non-competitive diabetes grant funds in the amount of \$103 million dollars appropriated through the *Consolidated Appropriations Act of 2001*. The grant funds will be awarded to each eligible applicant under the authority of section 330(C) of the Public Health Service Act, as amended by the Balanced Budget Act of 1997. **This program is described at 93.237 in the Catalogue of Federal Domestic Assistance, (CFDA).**

Background and Purpose

Diabetes is an epidemic in American Indian/Alaska Native (AI/AN) communities. Some tribes have the highest incidence of diabetes in the world. To date, resources available for diabetes care in IHS, tribal, and urban health care settings have not met the needs. The growing problem of this disease and its complications calls for a new effort.

To address the problem, the President

announced in August 1997 a new grant program, the *Special Diabetes Program for Indians*, under the Balanced Budget Act. This legislation provided \$30 million per year for 5 years (1998-2002). The diabetes grant funds appropriated through the *Consolidated Appropriations Act of 2001* supplement the 1997 BBA grants for diabetes community-based clinical and non-clinical services for AI/AN through year 2003.

Who Can Apply

The Public Health Service Act states that the following groups are eligible to apply:

- Indian Health Service Entities;
- Indian tribes or tribal organizations that operate an Indian health program. This includes programs under a contract, grant, cooperative agreement or compact with the IHS under the Indian Self-Determination Act; and
- Urban Indian organizations that operate an urban Indian health program. This includes programs under a grant or contract with the IHS under Title V of the Indian Health Care Improvement Act.

Each IHS Area, in consultation with Area tribes, decided how the diabetes funds would be divided within their Area. The eligible urban programs will receive their diabetes grant funds through set-aside funding that was decided at the national level.

How to Apply

Each eligible grantee will receive a copy of this application. Funded grantees must complete and submit an application in order to receive the diabetes grant funds.

To complete the application, see “Grant Application Requirements” on page 14 of this announcement.

Application Deadlines and Grant Award Dates

Continuation applications and program review cycles are determined by the grantee budget period. The chart below identifies application due dates and the program review timelines.

FY 2003 Continuation Application Due Dates and Timelines – Special Diabetes Grant Program for Indians

<i>Grantee Budget Period</i>	<i>Appl. Due Date</i>	<i>Review Begins</i>	<i>Reviews Due in Grants Office</i>	<i>Grants Mails NGA to Grantee</i>
10/01/02 to 09/30/03	9/02/02	9/09/02	9/30/02	10/07/02
01/01/2003 to 12/31/2003	10/15/02	10/29/02	12/2/02	12/20/02
04/01/2003 to 03/31/2004	01/03/03	01/21/03	3/03/03	03/21/03
06/01/2003 to 05/31/2004	03/03/03	03/21/03	5/02/03	05/23/03

Applications must be received in the Grants Management Branch by close of business, 5:00 p.m. Eastern Standard Time according to due dates in your grant budget period (refer to chart above).

Early submission is encouraged.

Application Reviews

Each application will undergo a program and business (fiscal) review.

Program Review

The purpose of the program review is to assure that:

- project objectives are identical with, or capable of achieving, the specific program objectives defined in the program announcement,
- proposed activities are capable of attaining project objectives,
- project personnel are well qualified, by training and/or experience, for the support sought and the applicant organization has adequate facilities, manpower, and management capability; and
- the estimated cost to the government for the project is reasonable.

Business (Fiscal) Review

The purpose of the business review is to:

- determine whether the applicant has developed reasonable estimates of costs involved in performing the project, and
- that the applicant organization has business management systems available to carry out the proposed project.

An official *Notice of Grant Award* will be issued shortly after complete applications are reviewed and approved.

Where to Send the Application

Send the original and two (2) copies of your grant application to:

**Grants Management Branch
Division of Acquisition/Grants Mgmt
801 Thompson Ave, Suite 120
Rockville, MD 20852**

How to Get Help

For program information and help, contact your Area Diabetes Consultant in your IHS Area:

Aberdeen Area

Ann Marie Bosma, RN, MS
Aberdeen Area IHS
115 4th Avenue, SE Room 309
Aberdeen, SD 57401
Phone: (605) 226-7544/7545
Annmarie.Bosma@mail.ihs.gov

Alaska Area IHS

Julien Naylor, MD, MPH
Alaska Native Medical Center
4315 Diplomacy Drive
Anchorage, AK 99508
Phone: (907) 729-1125
jlnaylor@anmc.org

Albuquerque Area IHS

Tina Tah, RN, BSN
5300 Homestead Road, NE
Albuquerque, NM 87110
Phone: (505) 248-4544
tina.tah@mail.ihs.gov

Elder Programmatic Info:

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Zuni Pueblo, NM 87327
Phone : (505) 782-7357
bfinke@albmmail.abq.ihs.gov

Bemidji Area IHS

Stephen Rith-Najarian, MD
PHS Indian Hospital
Cass Lake, MN 56633
Phone: (218) 335-3200/3272
srithnajarian@nchs.com

Billings Area IHS

Dianna Richter, RD, CDE
2900 4th Avenue North
Billings, MT 59107
Phone: (406) 247-7111
drichter@mail.ihs.gov

California Area IHS

Dawn LeBlanc, RN, CDE
650 Capitol Mall, 3rd Floor
Sacramento, CA 95814
Phone: (916) 930-3927 x323
Dawn.LeBlanc@mail.ihs.gov

Programmatic Info:

Terry Raymer, MD
United Indian Health Svcs, Inc.
P.O. Box 420
Trinidad, CA 95379
Phone: (707) 852-5047
traymer@crihb.ihs.gov

Nashville Area IHS

Gerard Bazile, MD
711 Stewarts Ferry Pike
Nashville, TN 37214
Phone: (615) 736-2487
gerard.bazile@mail.ihs.gov

Programmatic Info:

Ann Bullock, MD (Advisor)
PHS Indian Hospital
Cherokee, NC 28719
Phone: (828) 497-9163
annbullock-md@hotmail.com

Navajo Area IHS

Martia Glass, MD
Northern Navajo Medical Center
Shiprock, NM 87420
Phone: (505) 368-7425
martia.glass@mail.ihs.gov

Oklahoma Area IHS

Bernadine Tolbert, MD, MPH
Oklahoma Area IHS
3625 N.W., 56th Street
Five Corporate Plaza
Oklahoma City, OK 73112
Phone: (405) 951-3837
bernadine.tolbert@mail.ihs.gov

Phoenix Area IHS

Charles Rhodes, MD
40 N. Central Avenue, Suite 600
Phoenix, AZ 85004-4424
Phone: (602) 364-5171
Charles.Rhodes@mail.ihs.gov

Programmatic Info:

Charlton Wilson, MD
Phoenix Indian Medical Center
4212 N. 16th Street
Phoenix, AZ 85016
Phone: (602) 263-1537
charlton.wilson@pimc.ihs.gov

Portland Area IHS

Donnie Lee, MD
Portland Area Diabetes Program
1220 S.W. Third Avenue
Portland, OR 97204-2892
Phone: (503) 326-2017
dlee@pao.Portand.ihs.gov

Tucson Area IHS

Lois Steele, MD (Acting)
Tucson, AZ 85746-9352
Phone: (520) 383-7211
lois.steele@mail.ihs.gov

Grant Programs contact:

John Kittredge, MD
John.Kittredge@mail.ihs.gov

Other Points of Contact

Grant Program Information:

Ms. Mary Tso, Program Specialist
IHS National Diabetes Program
5300 Homestead Road NE
Albuquerque, New Mexico 87110
Phone: (505-248-4182
Fax: (505-248-4188
mary.tso@mail.ihs.gov

Grant Application and Business Management Information:

Ms. Denise Clark
Grants Mgmt Specialist
dclark@hqe.ihs.gov

or

Ms. Sylvia Ryan
Grants Mgmt Specialist
sryan@hqe.ihs.gov

Grants Management Branch
Division of Acquisition & Grants Mgmt
801 Thompson Avenue Suite 120
Rockville, MD 20852
Phone: (301) 443-5204
Fax: (301) 443-9602

Funds Available To Each Area And The Urban Programs

Funding for this program is determined through tribal consultation. Complete information regarding the national distribution formula for the \$103 million appropriated through the Consolidated Appropriations Act of 2001 will be mailed to grantees.

The information will define the national distribution formula and identify the Indian Health Service entities, Indian Tribes/Tribal organizations and urban Indian programs eligible to receive diabetes grant funds in each IHS Area and the amount of funding available to each program.

Limitations

Only one diabetes grant will be awarded per IHS entity, Indian tribe/tribal organization, or urban Indian organization grantee. The award amount will include both direct and indirect costs.

Costs under PHS Grant Supported Projects/Activities, Allowable and Unallowable Costs, provides information on the types of costs that may be incurred under this program for IHS, tribes, and urban Indian health programs. **Note** that some costs are not authorized for this program (e.g., cash prizes, gifts, and construction costs because such costs were not authorized in the program legislation). (*See Appendix*)

Period Of Support

Diabetes grant funds will be dispersed according to the grantees FY 2003 budget periods.

Tribal Consultation will be to determine the funding formula for future funds allocation.

Grant Payment

Grants will be paid through the Payment Management System (PMS), Department of Health and Human Services.

Tribes receiving lump sum payments will also be paid through the PMS.

Grant Application Requirements

All applications must include the following documents preferably in the order presented:

- Application Receipt Card, IHS 815-1A
- FY 2002 Diabetes Grant Application Checklist
- Standard Form 424, Application for Federal Assistance

Note: Please see special instructions, on page 49, regarding signature of application and budget information

- Application Table of Contents
- Completed Assessment Tool
- Program Narrative
- Work Plan that includes:
 - ✓ Goals and Objectives
 - ✓ Service or Project
 - ✓ Target Population
 - ✓ Local Evaluation
- Standard Form 424A, Budget Information–Non-Construction
- Brief Budget Narrative Justification
- Attachments – Resumes and Position Descriptions.

You may create your own worksheets for your program narrative and work plan. ***The program narrative and work plan combined must be no longer than five (5) typed pages.***

Attachments to your narrative may include timelines, worksheets and other supporting documents and will not be counted towards the five-page limit. Please use the application kit instruction and outlines that follow.

Application Kit

This announcement contains an application kit. The kit consists of:

- An Assessment Tool
 - Diabetes Best Practice Models
 - Instructions for a program narrative
 - Application for Federal Assistance, OMB Standard Form 424
 - Budget Information – Non-Construction Programs, OMB Standard Form 424A.
-

Assessment of Technical Assistance, Training Needs and Use of Diabetes Best Practices in Your Community

In order to improve our collaboration with your program, the IHS National Diabetes Program has changed the assessment questions used in last year's application. The new questions are designed to assess the needs for technical assistance and the use of Diabetes Best Practice models in your program.

Your answers to these questions will help the IHS National Diabetes Program provide Tribal Leaders and Congress with an overview of tribal community needs related to technical assistance and training of community and professional health care providers. Additionally, you will remember that IHS received Congressional direction mandating that the Special Diabetes Program for Indians address Diabetes Best Practices through the diabetes grant programs. Your responses will be used to let Congress know how the SDPI is fulfilling this mandate.

If the funding for the Special Diabetes Program for Indians grant program continues beyond Year 2003, your answers are important in designing a new approach for the IHS National Diabetes Program in providing technical assistance.

Instructions for Completing the Assessment Tool

Read these instructions before you begin:

- There are six sections in this assessment tool.
- Read through each section carefully.
- Check the boxes where you are asked to respond. *Send this completed assessment tool in with your application. Keep a copy for your records.*

Diabetes Grant Program Assessment Tool

Please start by filling in the following information:

Date: _____

Grant Number _____

Name of Grantee _____

Grant Site _____

Submitted by _____

Primary Prevention of Type 2 Diabetes

In August 2001 DHHS Secretary Tommy Thompson announced the results of the Diabetes Prevention Program (DPP), a National Institutes of Health (NIH) funded, prospective, randomized, multi-center study designed to answer the question “Can type 2 diabetes be prevented?”

The DPP studied people who are at highest risk for developing type 2 diabetes, people with Impaired Glucose Tolerance (IGT). This condition is now also called “pre-diabetes”. The DPP found the incidence of diabetes in the study was reduced by 58% with the lifestyle intervention and 31% in those taking the medication metformin. This is great news!

The IHS National Diabetes Program is working closely with National Institute of Health and Centers for Disease Control (CDC) to coordinate and disseminate these exciting findings to tribal communities in a manner that is appropriate and culturally relevant. Many grant programs have indicated an interest in learning more about ways to address primary prevention and to implement the DPP findings. A workgroup has been formed to explore ways to assist Tribal communities in developing or enhancing primary prevention programs. Your responses to the following questions will provide valuable input to this process.

1. Please select the primary prevention topics on which your program would like technical assistance in order to develop or enhance primary prevention services.

- ☐ **Weight management**
- ☐ **Promoting Healthy eating**
- ☐ **Pharmacological (medication) treatment for pre-diabetes and IGT**
- ☐ **Physical activity**
- ☐ **Helping clients adopt healthy behaviors**
- ☐ **Screening methods for finding pre-diabetes (IGT)**
- ☐ **Breastfeeding promotion (Reminder: Breastfeeding for at least 2 months in American Indians has been shown to reduce the incidence of diabetes by 50%.)**
- ☐ **Working with schools to promote healthy behaviors**
- ☐ **Conducting community based prevention activities**
- ☐ **Working with WIC/Head Start families/local child care organizations**

The DPP study used an intervention called the "Lifestyle Change Program". This program includes a) the Lifestyle Change Curriculum. b) a manual on how to use the Curriculum and c) a Participant workbook. The DPP case managers to implement the DPP "Lifestyle Change Program" with DPP participants used the manual and the 16 module Curriculum.

2. If training on the DPP "Lifestyle Change Program" Curriculum and implementation manual were available, would your tribal community want to participate?

- ☐ **YES**
- ☐ **NO**
- ☐ **Not sure**

3. Is your program interested in learning more about other primary prevention programs developed by grantees in the Special Diabetes Program for Indians grant program?

☐ YES

☐ NO

Diabetes Education

Diabetes education is a vital part of any diabetes program. Where and how the education is delivered to people with diabetes and their families is very different among Indian health programs and regions of the country. Successful education strategies meet the needs of the local community setting and incorporate a variety of approaches and methods.

Diabetes grant programs might offer:

- a diabetes self-management education program that provides individual or group classes about how to manage the disease and prevent diabetes complications
 - a community diabetes prevention education program that emphasizes healthy food choices and physical activity to prevent diabetes,
- or
- a combination of both.

Diabetes education services is key.

- ☒ Over three-fourths of you in the diabetes grant programs have told us that you offer some type of diabetes education services.
- ☒ Reimbursement for diabetes self-management training and Medical Nutrition Therapy from Medicare and private insurance has now become available.
- ☒ Diabetes education programs must meet standards and certain criteria in order to become certified as a recognized program and qualify for reimbursement.
- ☒ In addition, requests for diabetes patient education resources and opportunities for diabetes training are increasing.

The following subsections address the topics of diabetes education program standards and diabetes patient education resources. Your answers will help the IHS National Diabetes Program understand your technical assistance and training needs related to providing diabetes education services.

Integrated Diabetes Education and Care Standards

The IHS “*Integrated Diabetes Education And Clinical Standards Recognition Program for American Indian and Alaska Native Communities*” manual and recognition program is available from the National Diabetes Program. The IHS recognition program allows diabetes programs to build diabetes education program success by using a three-stage approach.

4. Does your program follow the *IHS Integrated Diabetes Education and Clinical Standards for Diabetes Self-management Education*?

- ☐ YES
- ☐ NO
- ☐ Not applicable because we do not have a diabetes education program component in our grant program.
- ☐ Don’t know

The *IHS Integrated Diabetes Education and Clinical Care Standards and Recognition Program* manual is available from the IHS National Diabetes Program in the following ways:

- download from the web site at www.ihs.gov/medicalprograms/diabetes
- call the IHS National Diabetes Program at 505-248-4182 to request a copy
- send an email to diabetes@mail.ihs.gov to request a copy.

5. Is your program or clinical facility considering applying for recognition of your diabetes education program?

- ☐ YES
- ☐ NO

6. Would your program staff be interested in attending a training on the IHS Integrated Education Standards and Recognition Program?

- ☐ YES
- ☐ NO

Diabetes Patient Education Curriculum

7. Does your program use any type of diabetes education curriculum or teaching guide in your diabetes education program?

- ☐ YES
- ☐ NO
- ☐ Not applicable

8. If yes, please tell us the name and the source of the curriculum (teaching guide) you are using?

9. If *not*, what type of educational resources do you use for diabetes education services?

The IHS National Diabetes Program in collaboration with experienced IHS, Tribal and Urban (I/T/U) health program diabetes educators will have a type 2 diabetes education curriculum available late Fall 2002. This curriculum is being designed for use by all levels of diabetes educators working in the Indian health care network. It is also designed to share basic self-care management information on type 2 diabetes.

10. Would your program staff be interested in attending a training on how to implement this new curriculum?

- ☐ YES
- ☐ NO
- ☐ MAYBE

11. Where would you like this training to take place?

- ☐ In my local facility
- ☐ In my IHS Area or region
- ☐ At a national workshop with other I/T/U diabetes educators

Other Diabetes Patient Education Resources

The IHS National Diabetes Program has a variety of diabetes patient education resources available. The *Resources for Diabetes Education Catalog* is available on our web site at www.ihs.gov/medicalprograms/diabetes and through the National Diabetes Program office and Area Diabetes Consultants.

12. What patient education topics that we currently DO NOT have available would you suggest?

- ☐ Depression & Diabetes
- ☐ Type 2 diabetes in children
- ☐ Pre-diabetes (Impaired Glucose Tolerance)
- ☐ How Stress affects diabetes
- ☐ Stress Management
- ☐ Other diabetes topics such as:

- ☐ Other nutrition topics such as:

- ☐ Other health promotion topics such as:

Diabetes Nutrition Services

13. If the IHS National Diabetes Program created a “supplemental nutrition education curriculum” that would be designed to accompany the Type 2 Diabetes Education curriculum, would you find it useful?

☐ **YES**

☐ **NO**

14. If yes, indicate which topics would be most helpful to include in this supplemental nutrition curriculum. (check all that apply)

- a. The Basics of Eating**
- b. Using a Food Diary**
- c. Food and Blood Glucose**
- d. Planning Meals**
- e. Stocking the Cupboard**
- f. Understanding Food Labels**
- g. Eating for a Healthy Heart**
- h. Food and Weight**
- i. Carbohydrate Counting**
- j. Eating Away From Home (restaurants, celebrations, holidays and traveling)**
- k. Diabetes and Alcohol**

Training for Health Care Providers

Training opportunities for all levels of I/T/U health care providers are continuously requested and sought after. Training & CME are necessary for licensure of health care professionals. Travel is often discouraged due to DHHS and IHS concerns regarding cost saving. Training opportunities can also be expensive to offer. Some diabetes grant programs have found that attending some training programs may be too expensive, usually not everyone can take advantage of it, or the timing is not right.

15. What would be your preferred methods for obtaining training? (check all that apply)

- ☐ Attend a conference/training in my Area or region
- ☐ Attend a large national conference with many speakers and topics
- ☐ Videoconference on selected topics
- ☐ Classes or satellite conferences at tribal colleges or local community colleges
- ☐ Other _____

16. What other types of education formats would you consider using?

- ☐ Interactive CD-ROM based training
- ☐ Web-based learning
- ☐ Satellite broadcast
- ☐ Streaming videos via the internet
- ☐ Slide shows with video or audio conferencing of the “expert”
- ☐ Materials available in written manuals
- ☐ Materials available on CD ROM
- ☐ Internet access to materials on the IHS NDP web site
- ☐ Other _____

17. Has your program used any innovative technologies for diabetes education, such as

- ☐ Kiosk (interactive computer programming placed in a waiting area for patients and family members to use)
- ☐ Other (please describe) _____

Diabetes Program Development and Evaluation

Many grant programs have indicated that they would like training and technical assistance in the area of diabetes program development and evaluation. The following questions are designed to find out more about your program development needs in specific topics. Your answers will guide the creation of technical assistance in this area.

18. Would your program be interested in learning more about the following program development activities?

- ☐ **How to describe, measure and document program activities**
- ☐ **How to describe, measure and document program outcomes**
- ☐ **How to characterize the extent to which intervention plans were implemented**
- ☐ **How to improve the content of educational materials**
- ☐ **How to assess skills development such as SBGM**
- ☐ **How to assess behavioral changes**
- ☐ **How to gather success stories**
- ☐ **How to reinforce your program's intervention messages**
- ☐ **How to conduct practical evaluation of your program**
- ☐ **How to set priorities for staff training**

Medical Nutrition Therapy

Beginning January 1, 2002, Medical Nutrition Therapy (MNT) for diabetes and kidney disease became a covered service for beneficiaries under Medicare Part B when referred by a physician.

Medical Nutrition Therapy (MNT) is defined by Centers for Medicare and Medicaid Services (CMS) as “nutritional diagnostic, therapy and counseling services provided by a registered dietitian or nutrition professional for the purpose of managing disease.” The decision by Congress to include MNT for diabetes and kidney disease as a Medicare Part B benefit allows Indian Health Service, Tribal and Urban (I/T/U) health care facilities one more way to generate revenue. With increased revenues for MNT services, I/T/U health care facilities can, over time, begin to meet a critical unmet need for nutrition services by expanding its availability.

19. Does your diabetes program offer Medical Nutrition Therapy services?

☐ YES

☐ NO

☐ Don't know

20. If yes, does the dietitian/nutritionist in your program or community bill Medicare Part B for MNT services?

☐ YES

☐ NO

☐ Don't know

21. If yes, has your program set up a system for monitoring MNT effectiveness outcomes?

☐ YES

☐ NO

☐ Don't know

22. If yes, has a system been set up for tracking claims reimbursements?

☐ YES

☐ NO

☐ Don't know

23. If your program does not offer Medical Nutrition Therapy services, would your program be interested in technical assistance to implement this Medicare MNT benefit?

☐ YES

☐ NO

☐ Don't know

24. If training on Medicare Part B MNT reimbursement and Medical Nutrition Therapy for diabetes and kidney disease is made available, would staff from your program be interested in attending?

☐ YES

☐ NO

☐ MAYBE

Use of Diabetes Indian Health Best Practice Models

Congress has directed IHS to use a "best practice approach " in the Special Diabetes Program for Indians Grant Program. The IHS National Diabetes Program introduced 14 Diabetes Best Practice Models in the FY 2002 Application Kit. These best practices were developed by I/T/U experts in the Indian health network as well as scientific experts.

Each of the Indian Health Best Practice models has been updated for the 2003 Application Kit based upon the experiences of Indian health diabetes programs, Model Diabetes Programs, and the latest scientific research findings.

25. In developing your last year's grant proposal, did your grant program use any of the Indian health diabetes best practice models included in the FY 2002 Application Kit?

- ☐ YES
- ☐ NO
- ☐ Don't Know

26. If yes, which of the 14 Indian health best practice model(s) listed on this page and the next, did your program use ?

- ☐ Basic Diabetes Care and Education -A System Approach
- ☐ Diabetes Screening Programs
- ☐ Community Advocacy -Winning Support for your Diabetes Program
- ☐ Medications for Diabetes Care
- ☐ Cardiovascular Disease and Diabetes-Screening, Treatment & Follow-up
- ☐ Eye Care for People with Diabetes-Screening, Treatment, & Follow-up
- ☐ Foot Care for People with Diabetes-Screening, Treatment & Follow-up
- ☐ Kidney Disease-Screening, Prevention, Treatment & Follow-up
- ☐ Dental Care for People with Diabetes-Screening, Treatment & Follow-up
- ☐ Pregnancy and Diabetes-Screening, Management & Follow-up

- ☐ **Type 2 Diabetes in Youth-Prevention and Screening**
- ☐ **Diabetes Self-Management Education**
- ☐ **Nutrition and Physical Fitness Programs for People with Diabetes**
- ☐ **School Health – Physical Activity and Nutrition**

27. If *no*, why didn't your program use the Best Practice Models ?

- ☐ **Did not understand the format**
- ☐ **Seemed too clinical**
- ☐ **Did not seem useful or adaptable to our community and program**
- ☐ **Did not understand the information in the best practice models**
- ☐ **Did not know how to use the information**
- ☐ **Other (please describe) _____**

28. Would you like to learn how to implement the best practice models information ?

- ☐ **YES**
- ☐ **NO**
- ☐ **Not Sure**

29. Are you interested in having more information on other best practice topics available ? Check all the topics that apply (this page and the next).

- ☐ **Type 2 Diabetes in Youth –Treatment**
- ☐ **Medical Nutrition Therapy**
- ☐ **Primary Prevention of Diabetes**
- ☐ **Behavioral Modification**
- ☐ **Pharmacological Treatment to Prevent Type 2 Diabetes in People with Impaired Glucose Tolerance or Prediabetes**

☐ **Tobacco Cessation**

☐ **Other** _____

Thank you for your time in completing this assessment tool. Remember to send the completed assessment tool with your application. Keep a copy for your records.

Diabetes Indian Health Best Practice Models

This section gives you several one-page outlines of updated diabetes best practices models. The best practice outlines may help your program:

- Identify strengths in diabetes services and resources for your community.
- Find gaps in diabetes services or programs.
- Establish program priorities.
- Find best practice models that could work in your community.
- Begin a work plan to develop your local best practice models.

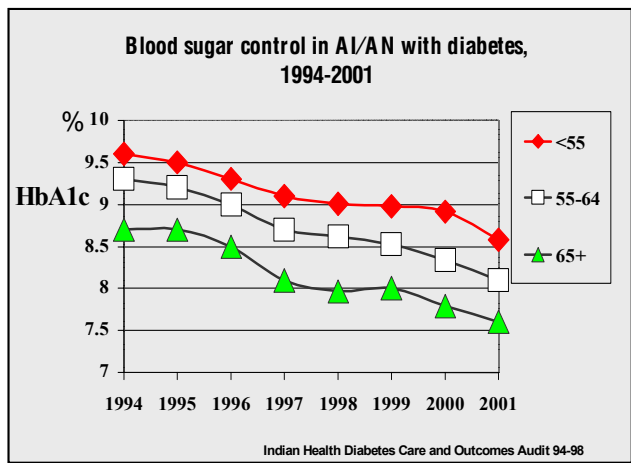
Here is a list of the Best Practice topics that follow:

- Basic Diabetes Care and Education – A System Approach
- Diabetes Screening Programs
- Community Advocacy
- Medications for Diabetes Care
- Cardiovascular Disease and Diabetes – Screening, Treatment and Follow-up
- Eye Care for People with Diabetes – Screening, Treatment and Follow-up
- Foot Care for People with Diabetes – Screening, Treatment and Follow-up
- Kidney Disease – Screening, Treatment and Follow-up
- Dental Care for People with Diabetes - Screening, Treatment and Follow-up
- Pregnancy and Diabetes – Screening, Management and Follow-up
- Type 2 Diabetes in Youth – Prevention and Screening
- Diabetes Self-Management Education
- Nutrition and Physical Fitness Programs for People with Diabetes
- School Health – Physical Activity and Nutrition

Basic Diabetes Care and Education-A Systems Approach

Why is this important?

Indian health and national studies show that diabetes programs using a systems approach to diabetes care and education can make a difference! Indian health diabetes programs have helped define the elements that point to quality diabetes care and education systems within American Indian/Alaska Native communities. A systems approach includes case management, information management, diabetes team, diabetes clinics and protocols, self-care management education, professional training, and resources for care of diabetes complications. Programs looking to improve any part of the way they deliver care and education can use the systems approach.



What measures are used?

► The **Diabetes Quality Improvement Project (DQIP)** is a national diabetes performance and outcome measurement set. DQIP will help health care systems across the U.S. improve diabetes care.

► **Indian Health Diabetes Care and Outcomes Audit** is very similar to the DQIP measures. The graph shows a steady improvement in blood sugar control in Indian health patients with diabetes (lower HbA1c means better blood sugar control). Diabetes teams who improve systems of care will see positive outcomes.

Basic Diabetes Care and Education

- **Assess your local diabetes care and education programs. What types and level of services are you providing? Does the diabetes team accept diabetes care and education standards?**
- **Does your clinic participate in the Diabetes Care and Outcomes Audit? How do the audit measures compare with the Indian Health trends, DQIP measures and Healthy People 2010 objectives? What system improvements can the diabetes team make?**

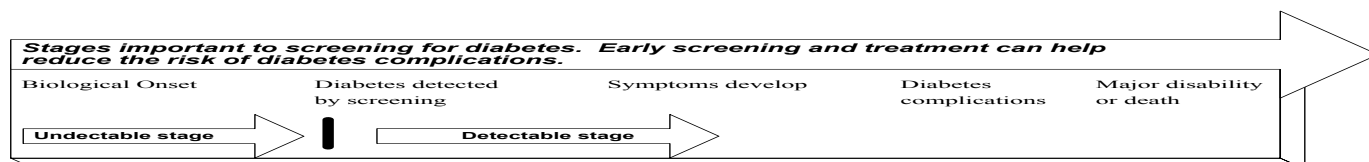
You may find that your program wants to modify or create new systems of diabetes care and education. Here are some things to consider:

- What elements of medical care do you provide in your program? What kinds of diabetes care systems are in place? What systems would you like to modify or add?
- Do you have staffing for the services you would like to provide? Does your program use a team approach to care? Is training provided for team members on a regular basis?
- Assess your diabetes self-management education program. Does it follow a defined curriculum? Does it teach coping skills? Does it offer support groups?
- Consider using the *Integrated Diabetes Education and Clinical Standards for American Indian and Alaska Native Communities* to assess your local diabetes care and education programs. This document will help you assess your program according to levels and determine what is working and where improvements are needed. Certification is now available that allows your program to receive Medicare reimbursement for eligible patients.

Diabetes Screening Programs

Why is this important?

Type 2 diabetes has reached epidemic proportions in American Indian and Alaska Native (AI/AN) communities. AI/AN have nearly three times greater chance of dying from diabetes and its complications than non-Hispanic whites. Yet, many people with diabetes, about 33% according to national estimates, remain undiagnosed. Blood vessel damage from high blood sugar can begin before diabetes is diagnosed, leading to early problems with the eyes, nerves, kidneys, and heart.



What do we know?

- ▶ Major risk factors for type 2 diabetes such as a family history of diabetes, obesity, impaired glucose tolerance, and a history of gestational diabetes are well known, and the criteria for diagnosis of diabetes are established.
- ▶ A large clinical study, the Diabetes Prevention Program (DPP), was ended a year early in July 2001. The purpose of this study was to find out if people at high risk for type 2 diabetes with a condition known as prediabetes could decrease or delay the onset of diabetes through lifestyle changes and/or use of medicine. Participants who made lifestyle changes reduced their risk of getting type 2 diabetes by **58%**. Those on metformin, a medicine used to treat diabetes, reduced their risk of getting type 2 diabetes by **31%**.
- ▶ A recent study in Finland also showed that healthy lifestyles changes reduced the chance of getting type 2 diabetes by 58%.
- ▶ The **Healthy People 2010** objective advises that 80 percent of adults aged 20 years and older are screened for diabetes.

Diabetes screening in your community

- ▶ Find out the kinds of screening programs and methods operating in your community. Can you make any improvements?
- ▶ Do your screening programs include diabetes awareness and education?

Your program may want to develop or improve a diabetes-screening program. Here are some things to consider:

- ▶ Find out acceptable methods and approaches for screening in your community. Work with your tribal administration and health care providers to set up appropriate screening programs.
- ▶ Screening for pre-diabetes in your community may best be done through the use of a risk assessment questionnaire, prior to subjecting your patients to blood testing.
- ▶ Facilitate and ensure access to screening services.
- ▶ Provide education to your community about the symptoms of and risk factors for diabetes and the importance of early diagnosis. Involve community leaders in the process.
- ▶ Develop a system for tracking and providing follow-up for people with abnormal screening results or with one or more risk factors for diabetes.
- ▶ Develop a complete program including screening for diabetes, and screening for other factors that contribute to diabetes complications (lipids, blood pressure, foot exams, etc.).

Community Advocacy -Winning Support for Your Diabetes Program

Why is this important?

Community support is vital for your program success. Involving tribal leaders, elders, religious or traditional leaders, people with diabetes, youth leaders, community health representatives (CHRs) and other community advocates is the best way to gain support. Community members who are involved as partners, advocates or participants in activities can help listen, influence, identify gaps, and find solutions to the many challenges in diabetes care. They can also help blend traditional or local ways of sharing information and learning with current science and medical knowledge. Honoring traditions and local knowledge can help protect and promote health for the entire community.



“Education is the biggest part of dealing with diabetes. Getting the people to understand and it’s their own native people that are going to have to educate us. If somebody comes from off the reservation I guess they don’t take them seriously.”

Lawrence Bedeau, Red Lake Band of Chippewa,
55 years old, diagnosed with diabetes in 1974

What can you do?

Work with community members to help create and **fine tune** diabetes program activities.

- ▶ Encourage, train and use community members to lead diabetes program activities.
- ▶ Community members can lead support groups, organize screening programs, teach cooking classes, help with home visits and increase community awareness for diabetes prevention and treatment.
- ▶ Create partnerships with other health care programs in your community.

Your community

- ▶ What efforts has your community made to support lifestyle change?
- ▶ Do you plan activities according to seasons or events important to the people in your community?
- ▶ How is your program developing and supporting leadership within the community?
- ▶ What special efforts has your program made to help people learn in the way they are most comfortable with?

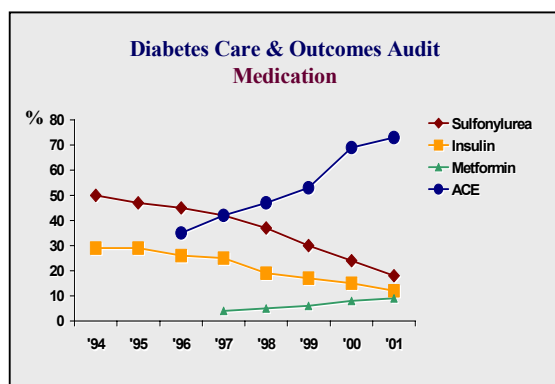
You can involve your community in many ways. Here are some things to consider:

- ▶ Listen to your community. What does your community want? Ask how to involve people, programs or leadership in program planning, developing, and implementation. Invite participation from all levels in your community.
- ▶ Involve your tribal health advisory system and other tribal health programs (Head Start, WIC, School health, Elder, Youth, etc). Create diabetes prevention and care programs that are complementary not competitive.
- ▶ Find ways to share information with the community as your program progresses.
- ▶ Consider developing a diabetes advocate program to help support and sustain your community linkages. Adopt or modify diabetes advocate models known to work.
- ▶ Consider partnerships with tribal colleges or other education systems in your region. They can help educate and train youth, advocates and other community members.

Medications for Diabetes Care

Why is this important?

Most people with diabetes need medicines to lower blood sugar and prevent diabetes complications. In recent years, a number of new, more effective, drugs have been developed for type 2 diabetes. These drugs act in different ways to lower blood sugar and improve insulin usage. New drugs to control blood pressure and blood lipids are also available to help reduce the risk for heart and kidney disease. Unfortunately, the cost of these drugs may inhibit their widespread use in American Indian/Alaska Native communities with large numbers of people who have diabetes. Indian health pharmacy budgets remain flat line while drug costs increased 25% last year alone. To provide quality diabetes care, health care providers must have access to the necessary tools, including effective medicines.



What measures are used?

► The **Indian Health Diabetes Care and Outcomes Audit** measures the number of people using medicine for blood sugar control and to protect their kidneys. The graph shows the trends in medicine use.

► The **average cost of drugs** for one person with diabetes is about \$2,000 per year. These are drugs used to lower blood sugar, blood pressure and blood lipids and to protect kidney function. Other drugs for heart, mental health or other problems are not included.

How does your program compare?

- Find out your clinic's current budget for diabetes related drugs. Is it enough?
- Is your health care team limiting the use of certain drugs due to high cost?
- Look at your audit trends, would the outcomes be better if other medicines were available?

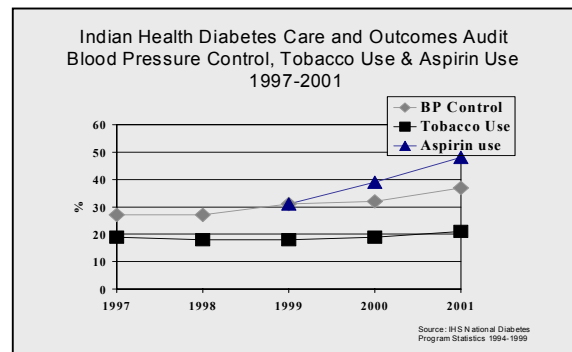
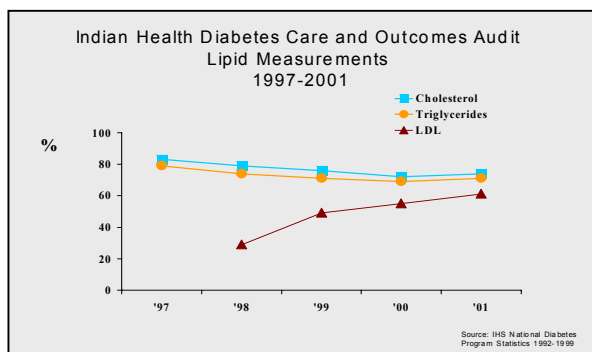
Contributing grant funds to the pharmacy budget may help with diabetes care in your community. Here are some issues you may want to consider:

- How much does your program spend on diabetes medicines per person, per year? If you had more funds, would more people receive needed medicines? Would more funds impact the availability of medication?
- Is your present pharmacy program meeting the needs of your community? Are all people with diabetes who need blood pressure or lipid lowering drugs receiving them? How would more funds affect these needs?
- Are the new drugs for type 2 diabetes available in your pharmacy?
- Are people with diabetes receiving adequate education/information on how to take their medicines?
- Is your clinic staff, including physicians and pharmacists, up-to-date on new medicines and how to prescribe them?

Cardiovascular Disease and Diabetes—Screening, Treatment & Follow-up

Why is this important?

People with diabetes are at 2 to 4 times higher risk for heart disease compared to people without diabetes. They also are more likely to die after a first heart attack. Cardiovascular disease (CVD) is the leading cause of death in American Indians and Alaska Natives over age 55. Risk factors for CVD include high lipid levels, high blood pressure, tobacco use, obesity, and low physical activity.



What measures are used?

- ▶ The **Indian Health Diabetes Care and Outcomes Audit** measures total cholesterol, LDL, triglycerides, blood pressure (BP), tobacco use and recommendation or referral for tobacco counseling; use of low-dose aspirin; and baseline ECG. The graphs show the reported trends in CVD risk factor measurements, for Indian health clinics that report data.
- ▶ The **Healthy People 2010** objective calls for a 10 percent reduction in cardiovascular deaths in people with diabetes.

How does your program compare?

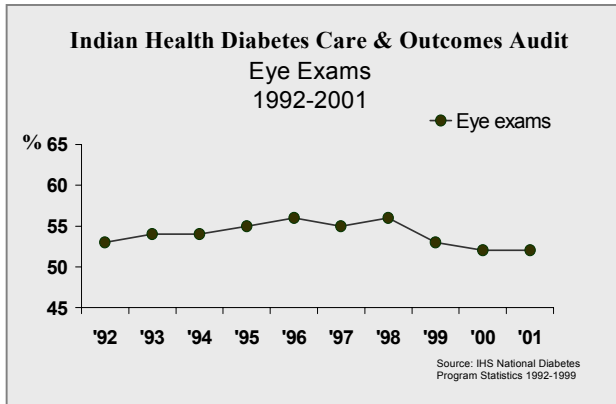
- ▶ Find out your clinic audit results for CVD risk factors in people with diabetes.
- ▶ What percentage of people with diabetes have their lipid numbers in the target range?
- ▶ What percentage have their blood pressure in the target range?
- ▶ What percentage use tobacco?
- ▶ How many take low dose aspirin?

Your grant program may want to develop a CVD risk screening and treatment program. Here are some things to consider:

- ▶ Assess local diabetes care for CVD screening and treatment services. Are there unmet needs?
- ▶ Identify ways to reach your target populations for assessment and treatment.
- ▶ Develop lifestyle, counseling and education programs to lower CVD risk.
- ▶ Develop a system of care that includes screening, treatment and follow-up services for CVD risk factors (i.e., lipids, blood sugar, blood pressure, and tobacco use).
- ▶ Include lifestyle change (nutrition, physical activity, tobacco cessation) programs.
- ▶ Promote a team approach in your clinic that involves primary care providers and allied health care staff such as pharmacists, nutritionists, health educators and physical therapists.

Why is this important?

Diabetic eye disease (retinopathy) is the leading cause of adult blindness in the U.S. Damage to the eyes can begin even before diabetes is diagnosed. All people with type 2 diabetes should receive a dilated eye exam at diagnosis and every year thereafter. Yearly dilated eye exams need to be done by an ophthalmologist, optometrist or specially trained technician. This annual exam screens for retinopathy. Without treatment, people with diabetes who have eye disease have a 50 percent chance of blindness in 5 years. With laser treatment, the chance of serious vision loss is reduced to less than 2 percent in these same people with high-risk diabetic eye disease.



What measures are used?

► The **Indian Health Diabetes Care and Outcomes Audit** measures the number of people with a documented dilated eye exam or fundus photograph within the past year. The graph shows the reported trends in yearly-dilated eye exams for all Indian health clinics that report audit data.

► The **Healthy People 2010** objective advises that at least 75 percent of people with diabetes receive a yearly-dilated eye exam.

How does your program compare?

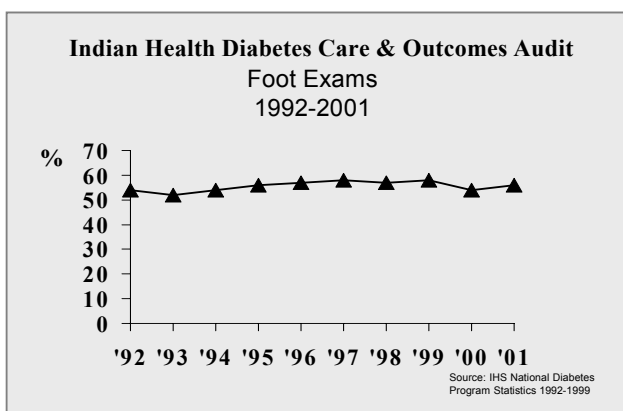
- How do your numbers clinic audit results for eye exams during the last few years?
- Find out your numbers in here: _____% FY97 _____%FY98 _____%FY99 _____%FY2000
_____ %FY2001
- How do your numbers compare to the Indian health trends?
- How do your numbers compare to the Healthy People 2010 objective?

If your numbers are low, your diabetes grant program may want to develop an eye care program. Here are some things to consider:

- Assess your local eye care program for people with diabetes. Are there unmet needs?
- Identify ways to increase the number of dilated eye exams. (media, eyeglasses, off site screening, telemedicine, etc.)
- Ensure easy access to eye exams, including staffing, space, equipment, or off-site facilities for community-based screening.
- Provide education to people with diabetes and their families about the need for yearly eye exams.
- Provide timely treatment of eye disease including laser therapy, corrective eyeglasses, and other treatments if needed.
- Establish and maintain tracking and monitoring programs for people with diabetes to help track diabetes care and treatment needs.

Why is this important?

Lower-extremity amputations are a major cause of morbidity and mortality for people with diabetes, especially in American Indian and Alaska Native communities. Most amputations result from problems with foot ulcers. We can prevent amputations by screening and managing the risk factors for foot ulcers. All people with diabetes should receive a complete foot exam at least once a year to identify high-risk foot problems. A complete foot exam includes recording any history of foot problems, a visual check, testing for nerve problems and blood vessel problems.



What measures are used?

► The **Indian Health Diabetes Care and Outcomes Audit** measures the number of people with a complete foot exam within the past year (includes assessment of nerve and blood vessel status). The graph shows the reported trends in yearly foot exams for all Indian health clinics that report audit data.

► The **Healthy People 2010** objective advises that 75 percent of people with diabetes receive a complete foot exam each year.

How does your program compare?

- Find out your clinic audit results for foot exams during the last few years.
- Write those numbers in here: _____% FY97 _____%FY98 _____%FY99 _____%FY2000
_____ %FY2001
- How do your numbers compare to the Indian health trends?
- How do your numbers compare to the Healthy People 2010 objective?

If your numbers are low, your diabetes grant program may want to develop a foot care program. Here are some things to consider:

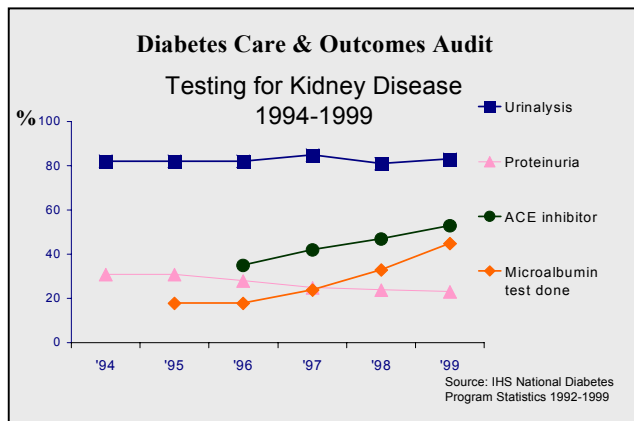
- Assess your local foot care programs for people with diabetes. Are there unmet needs?
- Identify ways to reach your target populations to increase the number of foot exams.
- Provide education on the importance of daily foot care, preventing minor foot trauma, shoe selection and use, and reporting any foot problems.
- Develop a comprehensive foot care program that includes screening and risk assessment, preventive care, wound management and follow-up.
- Provide staffing and training for foot care programs, including CHRs, primary care providers, nurse educators, podiatrists, wound care specialists, and pedorthists.
- Promote case management and treatment of other health conditions such as high blood sugar, tobacco cessation programs and blood vessel disorders.

Indian Health Best Practice Model

Kidney Disease – Screening, Prevention, Treatment and Follow-up

Why is this important?

Diabetes is the most common single cause of kidney failure in the U.S. The presence of protein in the urine marks the beginning of kidney damage that progresses over time. People with diabetes need yearly urine and blood tests to screen for early kidney disease. Improving blood sugar control, using aggressive treatment to control high blood pressure, and using medicines called ACE inhibitors can protect kidney function.



What measures are used?

► The **Indian Health Diabetes Care and Outcomes Audit** measures screening for protein in the urine (urinalysis & micro albumin tests). The audit measures the percentage of people with diabetes who have protein in the urine (≥ 300 mg/dl), and the percentage of people with diabetes being treated with ACE inhibitors. The graph shows the reported trends in testing for kidney disease, for all Indian health clinics reporting audit data.

► The **Healthy People 2010** objective is to increase the number of people with diabetes who obtain an annual urine test for micro albumin (small amounts of protein in urine).

How does your program compare?

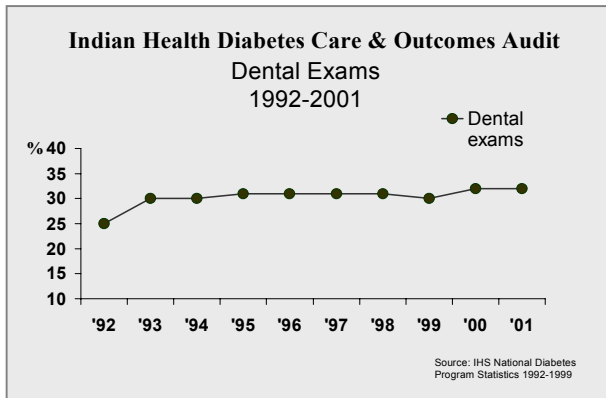
- Find out your clinic audit results for kidney disease screening during the last few years.
- Write those numbers in here: ____% FY97 ____%FY98 ____%FY99 ____% FY2000 ____%FY2001
- How do your numbers compare to the Indian health trends?
- How do your numbers compare to the Healthy People 2010 objective?

If your numbers are low, your diabetes grant program may want to develop a diabetes kidney program. Here are some things to consider:

- Assess your local kidney screening programs. Are there unmet needs?
- Identify ways to reach your target populations for annual screening for kidney disease
- Educate people with diabetes and their families about the need for blood pressure control including lifestyle modifications and medications to control blood pressure.
- Implement a “staged kidney management” approach in your clinic, with protocols for education, interventions and management at each stage. The National Kidney Foundation as the Kidney Disease Outcomes Quality Initiative is developing standards of care for chronic kidney disease.
- Provide training in kidney disease screening, treatment and follow-up to all members of the team.
- Promote case management and treatment of other conditions that affect kidney health such as high blood pressure and high blood sugar.

Why is this important?

Periodontal (gum) disease poses a serious threat to dental health and is the leading cause of adult tooth loss in the U.S. Periodontal disease is often present before the diagnosis of diabetes. All people with diabetes should have a dental exam at diagnosis and continue with an annual exam that screens for gum disease and other dental problems, thereafter. Taking care of the dental needs of people with diabetes can prevent gum disease and tooth loss.



What measures are used?

► The **Indian Health Diabetes Care and Outcomes Audit** measures the number of people with a dental exam within the past year. The graph shows the reported trends in yearly dental exams (for all Indian health clinics reporting audit data).

► The **Healthy People 2010** objective advises that 75 percent of people with diabetes receive an annual dental exam.

How does your program compare?

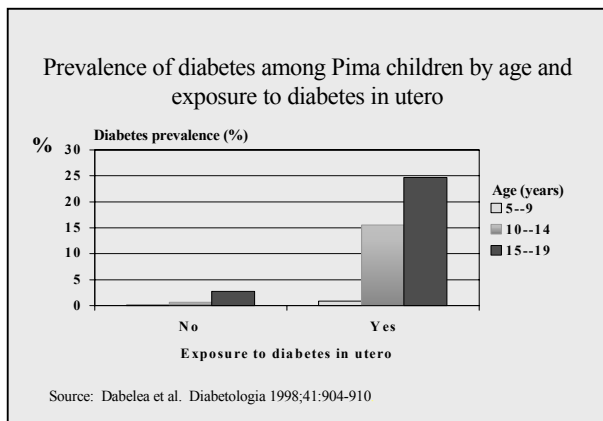
- Find out your clinic audit measures for dental exams during the last few years.
- Write those numbers here: ____ % FY97 ____ % FY98 ____ % FY99
____ % FY2000 ____ % FY2001
- How do your numbers compare to the Indian health trends?
- How do your numbers compare to the Healthy People 2010 objective?

If your numbers are low, your diabetes grant program may want to develop a diabetes dental program. Here are some things to consider:

- Assess your local dental care program for people with diabetes. Are there unmet needs?
- Identify ways to increase the number of people who receive yearly dental exams.
- Develop a program that improves access to dental exams, including staffing, (dentists, dental hygienists, assistants) space, equipment and special needs.
- Provide education to people with diabetes and their families about the need for yearly dental exams.
- Provide timely treatment of periodontal (gum) and dental problems, including crowns and bridgework when needed.
- Promote care and treatment of other conditions such as high blood sugar, high blood pressure and tobacco cessation programs.

Why is this important?

Diabetes in pregnancy poses risks for both mother and baby. Pregnant women with diabetes and their babies are at greater risk for complications during pregnancy than are women without diabetes. Careful management of diabetes during pregnancy, including early screening for gestational diabetes, reduces the risk of complications for mothers and babies. After pregnancy, women who have a history of gestational diabetes and their offspring are at risk for developing type 2 diabetes, obesity, and insulin resistance in later years. Early screening and careful management of diabetes in pregnancy offers the best chance for a healthy mother and baby. Breastfeeding for at least for 2 months may offer some protection against diabetes in the baby.



What measures are used?

- ▶ Studies in the Pima Indians show the long-term effects of diabetes during pregnancy. This graph shows the percentage of children who developed type 2 diabetes of mothers who had diabetes during pregnancy. The numbers become greater as the youth enter their teen years.
- ▶ The **Healthy People 2010** objective is to decrease the proportion of women with gestational diabetes.

Diabetes and pregnancy in your community

- ▶ Find out your rates of diabetes in pregnancy in your community. What is the trend?
- ▶ What are the screening and management practices for diabetes in pregnancy in your clinic?
- ▶ What type of follow-up is available for women with gestational diabetes?
- ▶ Are support services available for mothers who want to breastfeed?

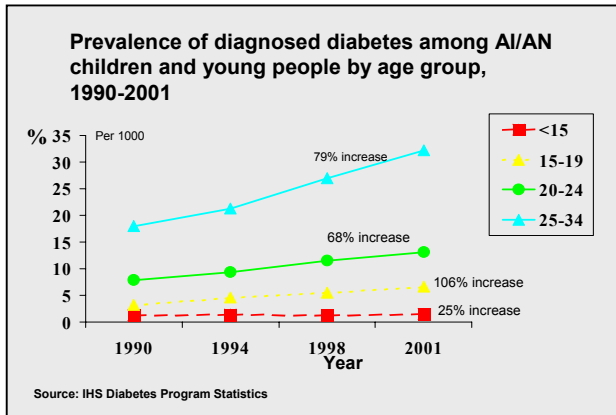
You may find that your program wants to focus on diabetes in pregnancy. Here are some things to consider:

- ▶ Develop a program that improves access to pregnancy clinics including staffing, space, equipment, and community-based screening programs.
- ▶ Develop diabetes and pregnancy education and awareness programs. Identify ways to reach all women of childbearing age.
- ▶ Provide supplies and equipment for blood sugar monitoring.
- ▶ Develop programs that provide support, education and reinforcement of lifestyle choices to prevent, manage or treat diabetes in women of childbearing age and their families.
- ▶ Establish a multidisciplinary program that includes intense education, management by trained providers, and community involvement. Provide staff training.
- ▶ Include community networks that support women and families: preschool programs, feeding programs, Head Start, breast-feeding support groups and WIC.

Type 2 Diabetes in Youth—Prevention and Screening

Why is this important?

Type 2 diabetes is occurring with increasing frequency in children and young adults. Although the peak age of occurrence is usually around adolescence, type 2 diabetes has been reported in American Indian children as young as 4 years. Risk factors for type 2 diabetes in children include obesity or being overweight; inactivity; a family history of type 2 diabetes; type 2 diabetes or gestational diabetes in the mother; belonging to a certain ethnic group, including American Indian; and signs of insulin resistance or conditions associated with insulin resistance such as hypertension, high blood lipids, or irregular menses. In addition, **breastfeeding from birth for at least two months has been shown to be protective against the later development of diabetes.**



What measures are used?

Finding type 2 diabetes in AI/AN youth is not uncommon. A recent IHS study shows that from 1990-2001:

- ▶ Among AI/AN youth age 15 to 19 years, diabetes increased by 106%;
- ▶ Among AI/AN young adults between 20 and 24 years, diabetes increased by 68%;
- ▶ Among AI/AN young adults age 25 to 34 years, diabetes increased by 79%.

How does your program compare?

- ▶ **Look at your diabetes registry. Determine your prevalence rates for type 2 diabetes in youth over the past few years. Look at the registry by age groups, sex and community.**
- ▶ **How do your numbers compare to the Indian health trends?**
- ▶ **Assess your diabetes prevention and screening programs. Are there unmet needs?**

Your program may want to develop or improve diabetes programs for youth. Here are some things to consider:

- ▶ Assess your children/youth programs. Encourage information sharing among programs.
- ▶ Develop a screening, tracking and referral program for high-risk children (such as those whose mothers had diabetes during pregnancy).
- ▶ Promote community and family awareness through special programs in schools, camps, tribal events, family health programs, and community gatherings.
- ▶ Provide training programs on type 2 diabetes in youth for health care providers, social service workers, school and camp personnel, and others who work with families.
- ▶ Work with tribal and community leaders, churches, businesses and schools to promote the use of healthy foods and physical activity for all youth in your community.
- ▶ Consider breastfeeding promotion as a primary prevention activity.

Diabetes Self-Management Education

Why is this important?

Diabetes self-management education is a key element of diabetes prevention and treatment. People with diabetes and their families need to learn and practice new lifestyle skills. These skills include monitoring blood sugar, making healthy food choices, being more active and reducing risk for diabetes complications. People with diabetes must be active participants in the educational process, setting learning and behavioral goals that meet his or her physical, emotional, and lifestyle needs. Incorporating cultural methods of sharing ideas and skills may be the single, best way of helping people with diabetes and their families learn about diabetes self-management practices.

“If I had it to do all over again, I would follow a path of healthier living.And if I would give advice to anybody, if they know they got diabetes, take care of it, get educated on what it could do.”



← Courtesy of IHS National Diabetes Program & Nat'l Indian Council on Aging

Lawrence Bedeau, Red Lake Band of Chippewa, 55 years old, diagnosed with diabetes in 1974

What measures are used?

- ▶ **The Indian Health Diabetes Care and Outcomes Audit** measures documentation of nutrition, exercise and general diabetes education. Audit trends show that over fifty percent of people with diabetes receive diabetes education each year.
- ▶ **The Healthy People 2010** objective advises that 60 percent of people with diabetes receive formal diabetes education.

How does your program compare?

- ▶ **Find out your clinic audit trends for nutrition, exercise and general diabetes education.**
- ▶ **How do your numbers compare to the Healthy People 2010 Objective?**
- ▶ **You can use the Indian Health Integrated Diabetes Education and Care Standards to assess your diabetes education program.**

Your diabetes grant program may want to improve diabetes education services within your community. Here are some things to consider:

- ▶ **Assess your diabetes education program.** You can use the Indian Health Integrated Diabetes Education and Care Standards as a framework for your assessment, (available through the National Diabetes Program Web site-see below).
- ▶ **Develop a plan to strengthen your diabetes education program based on community needs.**
- ▶ **Identify ways to reach your target populations.** Use a variety of education approaches that work in your community—one-on-one, group classes, support groups, talking circles, cooking classes or activity programs.
- ▶ **Provide needed resources for quality diabetes education:** staffing, materials, training, space, etc.
- ▶ **Involve spiritual and community networks in educational programs.** Use respected ways of teaching tradition, cultural values and behavioral practices. Ask community members to share stories or messages about diabetes.

Nutrition and Physical Fitness Programs for People with Diabetes

Why is this important?

Nutrition and physical fitness play major roles in helping people with diabetes and their families stay healthy. Investment of time and resources in nutrition, fitness and lifestyle change promises long-term benefits not only for diabetes, but also in reducing risks for heart disease and promoting overall health. Blending traditional and local nutrition and fitness practices may help with needed lifestyle changes for families and communities.



- ▶ Involve people in the community in planning, staffing, and teaching nutrition and fitness programs.
- ▶ Consider offering programs in schools and work places. Consider offering programs during various times of the day such as after-school, women and infants, elders and other groups.

Nutrition and fitness in your community

- ▶ Look at diabetes rates in your community. What is the trend?
- ▶ Look at the diabetes audit measures for overweight and obesity, blood sugar control and other measures that nutrition and fitness programs may impact. What are the trends?
- ▶ Look at what program are currently in place. How can you work collaboratively?

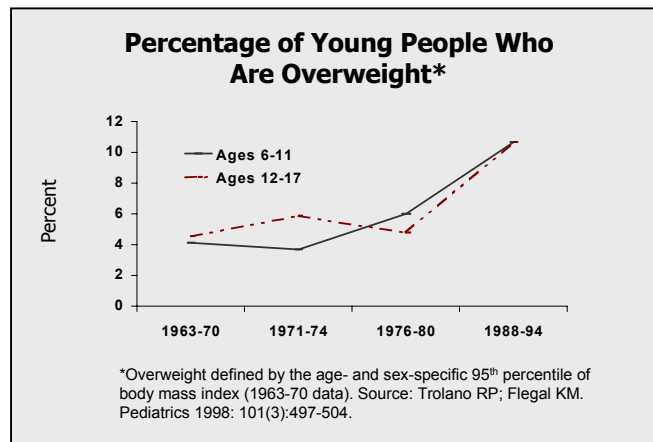
Your diabetes grants program may want to consider a diabetes nutrition and fitness program. Here are some things to consider:

- ▶ Assess your local nutrition and fitness programs in your community. Are there unmet needs?
- ▶ Facilitate and ensure access to programs including staffing, space, equipment, and off-site facilities for community-based programs.
- ▶ Solicit sponsorship for nutrition and fitness programs from employers, supermarkets, churches, and clubs for young people.
- ▶ Use traditional ways of sharing and learning new information and practices.
- ▶ Train community members as nutrition and fitness leaders.
- ▶ Encourage all nutrition and fitness programs in your community to be collaborative not competitive.

School Health – Physical Activity and Nutrition

Why is this important?

The school setting, ranging from preschool to college, can be a successful environment for diabetes prevention activities within the community. Schools can develop effective policies and educational programs that help young people and their families to increase physical activity and to learn and practice healthy eating. Establishing healthy eating and physical activity patterns at a young age is critical. Changing poor eating patterns in adulthood can be difficult.



What measures are used?

- ▶ **Type 2 diabetes among adolescents** is linked to the childhood obesity epidemic. According to the American Diabetes Association, more than 85% of all children and adolescents with type 2 diabetes are seriously overweight at the time of diagnosis. The graph shows the increasing percentage of young people who are overweight.
- ▶ Nutrition and physical activity patterns contribute to obesity. More than 84% of young people in the U.S. eat too much fat, and more than 91% eat too much saturated fat. Nearly half of American youth, 12-21 years, are not active.

- ▶ Implement a curriculum that focuses on increased physical activity and healthy eating.
- ▶ Establish non-competitive and competitive physical activity programs for all ages and abilities. Consider after school, summer and family activity programs.
- ▶ The **Healthy People 2010** objective specifies that 90 percent of children and youth receive school health education on increase physical activity and 95 percent receive education on healthy dietary patterns.

Your Community

- ▶ How many of your schools provide healthy eating and physical activity education programs?
- ▶ Write those numbers in here: Preschool
 Elementary Jr. High High School

If your numbers are low, your diabetes grant program may want to focus on a school health program. Here are some things to consider:

- ▶ Assess your local schools. Involve the parents, school staff and community by establishing a school health advisory council to develop a program that works for all.
- ▶ Support parents and caregivers by providing guidance in parenting skills along with tools that encourage healthy eating habits and physical activity.
- ▶ Work with your schools to offer meals and snacks low in fat, sodium, and added sugars.
- ▶ Provide training to teachers and food service staff on obesity and its consequences; especially type 2 diabetes of children and adolescents.

DEVELOPING A PROGRAM NARRATIVE

Defining the Program Narrative

All applicants must submit a program narrative as part of their grant application. Each grantee applying for diabetes grant funding must write a program narrative describing how the funds will be used to enhance your existing program, to develop new activities or a combination of both. The program narrative will include

- Progress Report for Year 5
- Community collaborations,
- Work plan
- Plan for how you will address the reporting requirements.

Progress Report For Year 5

All applicants must submit a progress report for year 5 activities with their Program Narrative.

The progress report should address progress made on program objectives. It should also include a list of expenses incurred and estimated unobligated balances.

Community Collaborations

Briefly describe activities that your program has worked on with other clinical, tribal or community-based organizations, such as the IHS Hospital or Clinic, WIC, nursing home, dialysis unit, schools, churches, or Head Start.

Work Plan

All applicants must submit a work plan. Remember to include the following in your work plans:

Goals and Objectives

State what you want to accomplish you're your diabetes grant funds.

Service or Project

Describe the major activities to be done and provide a timeline or chart.

Target Population

Name the target population (s) at whom your activities are focused. Please identify age groups where you can. For example: What ages will you include in your population entitled "Youth" (some define youth as "under 15 years", others use "under 25 years", etc)? What ages define "Elders" in your community? (some say "over 55 years", some say "65years and over", etc).

Local Evaluation

Describe how you will evaluate your program.

This local evaluation is based on your local activities and services. For example: if your goal is to increase physical activity among elders, how do you determine if this is occurring? You can use the number of elders in physical activity classes or the number of hours the elders engage in physical activity. You can also find ideas for developing your local program evaluation in the *Best Practice* documents provided in this packet. Be sure you set up your local evaluation to gather grant-reporting requirements.

Plan for How You Will Address Reporting Requirements

The following information is required from each applicant on an annual basis. Some of these data are required annually under the Government Performance and Results Act (GPRA) and all will be important for our reports to Congress on our activities.

This year all programs must report:

- Diabetes prevalence,
- Indian Health Diabetes Care and Outcomes Audit

Diabetes Prevalence

This figure is calculated using two numbers:

- 1) the number of people with diabetes in your community, and
- 2) the total population served in your community.

$$\text{Diabetes Prevalence} = \frac{\text{\# people with diabetes}}{\text{Total population (community)}}$$

Indian Health Diabetes Care and Outcomes Audit

Audit reports are to be provided with your yearly continuation application for grant funds. The audit activity should be arranged through your Area Diabetes Consultant or your local Tribal Epi Center. Additional audit questions relating to specific clinical activities may be added to the standard audit for evaluation purposes in year 2003.

Grant programs that do not have clinical care at their site, or who offer only partial clinical services, should work with the Area Diabetes Consultant to conduct a separate type of audit (available February 2003).

Tribes Designating Direct Assistance Funds for IHS Service Unit

Tribes may designate some of their funds for direct assistance, i.e., funds for an IHS Service Unit to provide diabetes medications or services for their tribal members. Tribes should clearly identify “**Direct Assistance**” in their continuation application and also coordinate this activity closely with their local Service Unit.

The Service Unit must submit an application (Standard Form 424) for the direct assistance funds at the same time as the tribe submits its continuation application. This form will need to be signed by your Area Director. Attach a copy of the tribal grantee’s budget narrative that clarifies how your direct assistance funding will be spent.

A separate Notice of Grant Award will be issued to the Service Unit for direct assistance funding approved by the tribe. Service Unit grantees are subject to the same financial status reporting that is required of tribal and urban grantees. Refer to the Grant Reports section, page 48 of this Application Kit.

Grant Administration Requirements

The Grants for Special Diabetes Programs for Indians are awarded and administered in accordance with this announcement and the following documents:

Indian Tribes

- 45 CFR Part 92, Department of Health and Human Services, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Government including Indian tribes
- OMB Circular A-87, Cost Principles for State and Local Governments
- OMB Circular A-133, “Audits of States, Local Governments, and Non-Profit Organizations
- PHS Grants Policy Statement

Nonprofit Organizations

- 45 CFR Part 74, Department of Health and Human Services, Uniform Administrative Requirements for Grants to Non-Profit Organizations
- OMB Circular A-122, Cost Principles for Non-Profit Organizations
- OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations
- PHS Grants Policy Statement

Background and Character Investigations

Your group is responsible for ensuring that background and character investigations are conducted in accordance with the following laws:

- 25 U.S.C. 13041 “Child Care Worker Employee Background Checks” (Crime Control Act)
- 25 U.S.C. 3207 “Character Investigations” (Indian Child Protection and Family Violence Prevention Act)

All documents are available on the Internet.

OMB Circulars

www.whitehouse.gov/omb/circulars

DHHS 45 CFR Part 92

www.access.gpo.gov/nara/cfr/waisidx_99/45cfr92_99.html

DHHS 45 CFR Part 74

http://www.access.gpo.gov/nara/cfr/waisidx_99/45cfr74_99.html

PHS Grants Policy Statement

<http://www.grants.nih.gov/grants/policy/gps/index.html>

GRANT REPORTS

Budget/Financial/Personnel

Financial Status Report, Standard Form 269-Long Form

An annual Financial Status Report (Standard Form 269-Long Form) must be submitted within 90 days after expiration of each budget period.

Grantee Organization Annual Audit Report

Indian tribes or tribal organizations and urban Indian organizations shall submit one (1) complete copy of the grantee organization's audit report, as required by the Single Audit Act and implemented in accordance with OMB Circular A-133. The annual audit report is due within nine months after the end of the grantee's annual audit period. **The schedule of Federal Financial Assistance must include funds awarded for the Special Diabetes Programs for Indians.**

These audit requirements do not apply to Federal grantees.

Note:

Program Developments that Have a Significant Impact

Grant recipients are expected to notify the awarding agency immediately of any developments that have a significant impact on award-supported activities, including problems, delays, or adverse conditions. The notification must include a statement of action taken or considered as well as any assistance needed to resolve the situation.

APPLICATION INSTRUCTIONS AND FORMS

Budget

1. Provide a brief budget justification. Estimate costs for your program by line item. You must give a brief account for direct costs shown on Standard Form 424A, Section B. Do not get too detailed. For example, if you are claiming travel to the Area office, just state “four trips to Area for assistance.” Do not break out mileage, number of days, and per diem.
2. All grant programs should budget travel costs for one to two program staff to attend the Tribal Leaders Diabetes Committee (TLDC) National Diabetes Conference to be held in Denver, Colorado, December 9 – 12, 2002. Check the following web site for more information :
www.diabetes2002.niddk.nih.gov.
3. Local Tribal Leaders should budget travel costs for Area meetings for updates on the Special Diabetes Program for Indians Grants.

Personnel

1. Describe consultants or contractors who will be used in your project. Indicate who will determine if the work of the contractor is acceptable.
2. Identify key personnel involved in your project and what they will do. Also identify existing personnel and new program staff to be hired.

Standard Forms – 1) Application for Federal Assistance and 2) Budget Information Non-Construction Programs, are available on the Internet at:

www.whitehouse.gov/omb/grants

Special Instructions For Budget Information

Standard Form 424A, Budget Information
Non-Construction Programs

The budget must account for the amount of available funding and be inclusive of direct and indirect costs if claimed.

Note that some costs have been eliminated for this program (e.g., construction costs because such costs were not authorized in the program legislation).

For IHS entities, there are certain costs that must be approved by appropriate IHS staff prior to their obligation. For example, space rental or purchase/use of modular units must be reviewed and approved by the Area Realty officer. Please contact Ms. Eleanor Matney, Principle Realty Officer, at (301) 443-3121 for assistance with such issues.

Special Instruction For Signature Of Application

Standard Form 424, Application for Federal Assistance.

To document acceptance of available funding and compliance with the program requirements including eligibility, line 18 on Standard Form 424 must be signed:

1. For IHS entities, by the Area Director.
2. For tribes or tribal organizations, by the Tribal Chairman, Executive Director, or the individual legally authorized to commit the organization.
3. For urban Indian organizations, by the Executive Director.

Tribal Resolutions are not required for this grant program.

SPECIAL SECTION - Funding beyond FY 2003

At this time IHS does not know if the funding for the Special Diabetes Program for Indians will continue beyond fiscal year 2003. We hope and are optimistic that the funding will continue.

Grant programs should be prepared to begin closeout procedures should the funding end. On the other hand, grant programs should be prepared to continue their program activities should the funding continue.

There are two possible funding options that could occur at the end of fiscal year 2003:

Possible Option One - Funding for the special diabetes grants continues.

If the funding for the Special Diabetes Program for Indians continues beyond FY 2003, IHS will work with Tribal Leaders and Area Diabetes Consultants to inform grantees of any funding information as soon as it becomes available.

Possible Option Two - Funding for special diabetes grants ends at the end of the fiscal year 2003 budget cycles.

If the Special Diabetes Program for Indians Grant Program is not funded after fiscal year 2003, each grantee program will complete the following process at the end of their budget cycle:

Close Out

Each grantee will begin the close out process as soon as possible after termination of a grant in accordance with 45 CFR Part 74, Subpart M and 45 CFR Part 92.50.

Closeout includes

- A timely submission of all required reports and disposition of real property, equipment, and supplies.
- All required reports from grantees are due within 90 days of the end of grant support.
- All final reports must be submitted to PMS and to the IHS awarding office as appropriate.
- It is the responsibility of the grantee to reconcile reports submitted to PMS and to the IHS awarding office as appropriate.

Closeout of a grant does not affect the requirements for equipment accountability or record retention nor does it affect the Federal Government's right to conduct an audit and recover amounts based on the results of the audit.

Final Reports

Grantees are required to submit a final Financial Status Report (FSR), and final progress report within 90 days of the end of grant support unless an extension is granted by the GMO. Failure to submit timely and accurate final reports may affect future funding to the organization or awards with the same grantee.

- **Final Financial Status Report (FSR)**

The final FSR must cover the period of time since the previous FSR submission. Final FSRs must have no unliquidated obligations, and must indicate the exact balance of unobligated funds. Unobligated funds must be returned to IHS or must be reflected by an appropriate accounting adjustment in accordance with instructions from the GMO or from the payment office. It is the responsibility of the grantee to reconcile reports submitted to PMS and to the IHS awarding office.

- **Final Progress Report**

The final progress report should include

- a summary of progress toward the achievement of the originally stated
- a list of the results (positive or negative) considered significant
- a list of publications

An original and one copy should be submitted to the Grants Management Office.

Unobligated Funds

What does my grant program do if we have unobligated funds at the end of my fiscal year 2003 budget cycle?

The PHS Grant Policy Manual states that “All grant programs have the option of requesting a no-cost extension should this be necessary.” Please refer to the manual for this information.

APPLICATION FORMS AND INSTRUCTIONS FOR FEDERAL ASSISTANCE

- **SF 424**
- **SF 424A**
- **SF 424B**

IHS Grants for Special Diabetes Programs for Indians Checklist

Please assemble your application in the order of this checklist. Complete and return this form with the application.

Name of Grantee : _____ ID Number : _____

Item	Applicant	Grants Management
• Application Receipt Card, IHS 815-1A	_____	_____
• FY 2003Diabetes Grant Application Checklist	_____	_____
• SF 424, Application for Federal Assistance	_____	_____
• SF 424B, Assurances	_____	_____
• Application Table of Contents	_____	_____
• Completed Assessment Tool	_____	_____
• Program Narrative	_____	_____
• Yr. 5 Prog. Progress Report & Est. Unobligated Funds	_____	_____
Community Collaborations	_____	_____
Work Plan	_____	_____
• Goals and Objectives	_____	_____
• Service or Project	_____	_____
• Target Population	_____	_____
• Local Evaluation	_____	_____
Plan for how Reporting Requirements to be addressed	_____	_____
• Diabetes Prevalence	_____	_____
• Indian Health Diabetes Care and Outcomes Audit	_____	_____
Budget/Personnel	_____	_____
• Brief Budget Narrative Justification	_____	_____
• Consultants or contractors	_____	_____
• Key Personnel	_____	_____
• Statement to attend National Diabetes Conference	_____	_____
• Statement to attend meeting on diabetes grants	_____	_____
Attachments	_____	_____
• Resumes	_____	_____
• Position Descriptions and Worksheets	_____	_____

Applicant Name: _____ Date: _____

Applicant Phone & Email Address: _____

IHS Grant Reviewer Name: _____ Date: _____

IHS Grant Reviewer Phone: _____

APPENDIX A

- Allowable and Unallowable Costs

APPENDIX B

- PHS Grant Policy Statement, Cost under PHS Grant-Supported Projects/Activities

Allowable and Unallowable Costs

This appendix includes a chapter from the Public Health Service (PHS) Grants Policy Statement and provides guidance on what is allowable and unallowable as costs for the Grants for Special Diabetes Programs for Indians. There have been a number of specific costs that have been questioned as to allowability under this program. They are as follows:

Alteration and Renovation (A&R)-----ALLOWABLE in accordance with the PHS Grants Policy Statement. Note that the amount that may be used for A&R is limited to the lesser of \$150,000 or 25% of the total funds expected to be awarded for direct costs under the grant for three consecutive budget periods. If a grantee is to request A&R, the renovations must be to an existing building that is to be used for the diabetes project and that is suitable for human occupancy. Additional documentation is required for the IHS to approve requested A&R, in excess of \$50,000, i.e., line drawings of existing space and proposed changes. See pages (2-5) of Appendix B for specific requirements. If the space is leased that will be altered/renovated, the length of the lease should allow for its use for the entire period of the grant award.

Construction-----UNALLOWABLE. The program legislation, Section 330C of the Public Health Services Act, as amended, does not authorize construction (see page 7 for definition). Building a jogging/running track or a swimming pool are considered construction and are unallowable. If you have tribal or other Federal monies available that may be used for construction, you may include them as a tribal contribution to the grant and use them.

Other Expenses-----ALLOWABLE. Grant funding may be used to pay subjects to complete a survey that will collect information on diabetes issues, e.g., life style preferences. A minimal payment (not to exceed \$15 per individual completing a survey) is allowable. The grantee should keep a listing of subjects who were paid for their participation.

Supplies-----ALLOWABLE. For purposes of this diabetes program, incentive items may be purchased with grant funding for participants in such activities as health fairs, fitness programs, fun runs, etc. Items must be of nominal value (less than \$10/per item) such as caps, T-shirts, water bottles, and posters. **Cash prizes or gifts are not allowable.**

Rental or Lease of Facilities and Equipment-----ALLOWABLE. Rental or lease is allowable if the space or item is necessary to carry out the grant program and the costs are reasonable (see page 16). The IHS is neither a party to the lease agreement nor responsible for conditions, terms, or payment of rents or leasing fees.

Trailers and Modular Units-----ALLOWABLE FOR TRIBES AND URBANS. Under this grant program, these units are considered as equipment to be used at a given location site for the project period of the grant only. **Such units are not to be permanently installed.** The grantee must obtain a Government-issued revocable license if the proposed site is located on federally owned or managed land. See page 20.

The **IHS entities** serving as grantees must contact the Area Realty Officer or Ms. Eleanor Matney, Principal Realty Officer, Division of Facilities and Environmental Engineering, at (301) 443-5954 regarding use of rental space or trailers/modular units. These IHS entities must comply with Federal policies.

Placeholder for PHS Grants Policy Statement Chapter 7. Costs Under PHS Grant-Supported Project/Activities, pages 7-1 through 7-17